

2024 New Board Worker Application



Mercer County Board of Elections
930 Spruce St
Lawrence, NJ 08648
Phone: (609)-989-6522 | Fax: (609)-278-2713 |
BoardofElections@mercercounty.org

VOTER LABEL- FOR OFFICAL USE ONLY:



Board Worker Information

Name _____
Last Name First Name M.I.

Date of Birth: _____ SS# _____

Permanent Address:

(PO Box not acceptable)

Telephone Numbers:

Primary: _____

Cell: _____

Street Address Apt #

E-Mail: _____

City County State Zip Party Affiliation: Democrat Republican
 Unaffiliated Other

Mailing Address to receive Payment Checks if different than above: _____

Bilingual Yes No If yes, what languages? _____

Availability Information - You must have your own dependable transportation

When are you available to work: Half Day shifts are either a.m. (5:00 a.m. to 1:00 p.m.) or p.m. (1:00 p.m. to Completion)

Full Day 5:00am-Completion **Half Day Shift** _____

The Primary Election, Tuesday, June 4th, 2024 Yes or a.m. or p.m. or Not at All

The General Election, Tuesday, November 5th, 2024 Yes or a.m. or p.m. or Not at All

Compensation for working the election: \$150.00 for a half day. \$300.00 for the full day.

ALL assignments are at the discretion of the Board and based on the specific needs of each voting district

Board Worker's Affirmation

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW.

This signed application truthfully states and/or affirms: (1) the applicant's name and address; (2) the applicant's date of birth; (3) the political party to which he or she belongs or, if the applicant is not affiliated with a political party, the fact that the applicant is not so affiliated; (4) that the applicant is of good moral character and has not been convicted of any crime involving moral turpitude; and (5) that the applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read size 6 font type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; ability to lift 35 lbs., reasonable knowledge of the duties to be performed by the applicant as an election officer under the election laws of this State; and health sufficient to discharge his or her duties as an election officer. N.J.S.A 19:6-2b. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to immediate removal as a District Board Worker. I certify that the above answers and information are true and that this application and signature are in my own handwriting.

Applicant Signature

Date

19____ Employee #_____